	MAR-15-2007	Ø6:	48 From:GSK			919 483 57	30	To:USP	го	P:1/1	
	IPE	E				PART B - FEE(S) TRAN		NSMITTAI.			
		send	this form, togeth	er w	ith applicable	fee(s), to: Mail	Cor	il Stop ISSUE FEE mmissioner for Pat	ents		
	MAR 1 5 2007	F CE				or <u>Fax</u>	Ale). Box·1450 xandria, Virginia 2 1)-273-2885	2313-1450		
\	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed when the properties of the current correspondence address a make the properties of the current correspondence address a make the properties of the current correspondence address a make the properties of the current correspondence address and the properties of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address.										
		ain Clark Ton figations. CURRENT CURRENPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						: A certificate of mailin	g can only be used to	or domestic mailings of the for any other accompanying	
							Fee(pape have	s) Transmittal. This certifies. Each additional paper its own certificate of ma	ieste cannot be used: , such as an assignment ing or transmission.	for any other accompanying ent or formal drawing, must	
	CI AYOSM	23347 7590 12/21/2006 GLAXOSMTTHKLINE						Certificate	of Mailing or Trans	mission	
	CORPORATE INTELLECTUAL PROPERTY, MAI B475							I hereby certify that this fee(s) fransmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			., PO BOX 13398		700_3308		trans	amitted to the USPTO (57	1) 273-2885, on the c	late indicated below.	
03/	16/2007° RMEBRAH1	.10000	887 67 398 K. N	52446)E		_	Valerie Pr	. ڪڇُڀالند	(Depositor's nume)	
		00.00					-	Valerce Pr	ullys.	(Signaturu)	
03 F	C18001	00.00 12.00	<u> DA</u>				느	3/113/01		(Unic)	
	APPLICATION N	0.	FILING DATE		·		ST NAMED INVENTOR ATTORNEY			CONFIRMATION NO.	
10/524,462 10/18/2005 Gordon Weingurten PG4894USW								4839			
	TITLE OF INVENTION: PYRIMIDING DERIVATIVE AS SELECTIVE COX-2 INHIBITORS										
į	APPLN, TYPE		SMALL ENTITY	ī\$:	SUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE PEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional		NO		\$1400	\$300		\$0	\$1700	03/21/2007	
	пх	(AMINI	iR .		ART UNIT	CLASS-SUBCLAS	5				
	BALASUBRAMAN	ILAN, Y	VENKATARAMAN		1624	514-272000		• 			
	 Change of correspondence address or indication of "Fee Address" (JFR 1.363). 					2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				HT YOUNG	
	Change of corr Address form PTC	respond VSB/13	nge of	Correspondence	or agents OR, alto	ematively,					
	"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.					(2) the name of a registered attorne 2 registered pater	single y or a t attor	e firm (having as a memb gent) and the names of u neys or agents. If no nan printed.	pto pto acis 3	_	
		BECHNENCE INCH	200 D	E DRINTED ON	<u> </u>						
•		ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
		recordation as set forth in 37 CFR 3.11. Completion of this form (A) NAME OF ASSIGNEE					ng an assignment. (CITY and STATE OR COUNTRY)				
	•			1		Lintad	V	inedana	KI)		
	(Plaxo)	(3vc	up limite	.CH		Willed		1 2007			
	Please check the appropriate assignce eategory or eategories (will not be printed on the patent) : 🔲 Individual 🥨 Corporation or other private group entity 🚨 Government										
	4a. The following fee	(s) are	submitted:		41			se first reapply any pres	fonsly paid issue fee	shown ubove)	
		Sissue Fee Publication Fee (No small entity discount permitted)				A check is enclosed. Payment by credit card. Form PTO-2038 is attached.					
	Advance Order - # of Copies				au)	The Director is h	areby	authorized to charge the	ienea. required fee(s), any de	heiency, or credit any n extra copy of this form).	
	5 Change in Entiry	Status	(from status indicated	ubove	<u> </u>	overpayment, to	Depor	sit Account Number 07	1792_ (enclose a	n extra copy of this form).	
			MALL ENTITY staru			b. Applicant is n	o long	er claiming SMALL EN	FITY status. See 37 Cl	FR 1.27(µ)(2).	
	NOTE: The Issue Fed interest as shown by t	and P	ublication Fee (if requ ords of the United Stat	ired) v cs Pate	vill not be accepted in and Trademark	d from anyone other t	han th	e applicant; a registered :	attorney or agent; or th	oc assignee or other purty in	
	Authorized Signat	ште _	JAWA	روچي سرچي	20	<u> </u>		Date 3/13/10	3/15/20	07	
	Typed or printed n	_	8. Scott	You	ing			Registration No.	45,582	<u>.</u>	
	This collection of infi an application. Confi- submitting the compl this form and/or sugg Bux 1450, Alexandri	ormatic dentiali leted ap cestions	nn is required by 37 Clify is governed by 35 oplication form to the for reducing this burning 22313 1250 DC	VR 1.3 U.S.C. USPT den, sh	11. The informatic 122 and 37 CFR O. Time will vary tould be sent to the SEND FIRST OF	on is required to obtain 1.14. This collection depending upon the c Chief Information (COMPLETED COMPLETED COMPLICATED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLET	n or re is esti indivi Office	etain a benefit by the publication abenefit by the publication of the	to which is to file (and to complete, including s on the amount of the tark Office, U.S. Depo	by the USPTO to process) g gathering, preparing, and ne you require to complete adment of Commerce, P.O. for Patents P.O. Roy 1450.	

Alexandria. Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.